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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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| | |
|------------------------|------------------|
| Application Number | 09/985,841 |
| Filing Date | November 6, 2001 |
| First Named Inventor | Gil BEN-DOV |
| Art Unit | 3625 |
| Examiner Name | R. M. Pond |
| Attorney Docket Number | 426722000100 |

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Assignee requests transfer of responsibility to itself.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

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